



Respecting Identity to Improve Patient Outcomes in the Dakotas

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Oregon AETC



Land Acknowledgement

The Oregon AETC would like to take a moment to recognize the unceded ancestral lands of the first people. We pay respects to their elders past and present. Please take a moment to consider the many legacies of violence, displacement, migration, and settlement that bring us together here today.

Infectious diseases do not discriminate. As part of our response to the HIV epidemic, we must elevate those groups who have been historically marginalized in our communities. It is our responsibility to listen, recognize, and bring their experiences to the forefront.

To find the ancestral land for your community, please reference:
<https://native-land.ca/>



Disclosures

I have no commercial interests to disclose.

Objectives:

- Differentiate sexual orientation and gender identity (SOGI)
- Identify best practices for asking SOGI questions to improve health outcomes
- Utilize patient first language and pronouns to respect the diversity of lived experience



**What are you hoping to leave with
today? What are your
expectations?**

Please take a minute to write some thoughts in the chat

POLL #1

I feel comfortable having affirming conversations with members of the Two Spirit and LGBTQ+ community...

- All the time
- Most of the time
- Some of the time
- Not at all



REFRESH: Terms and Definitions

POLL #2

Do you agree or disagree with the following statement:
Everyone has a sexual orientation and gender identity.

- Agree
- Disagree

POLL #3

What term best aligns with the following description: The gendered way that a person dresses or presents themselves.

- Biological sex
- Gender identity
- Gender expression
- Sex assigned at birth

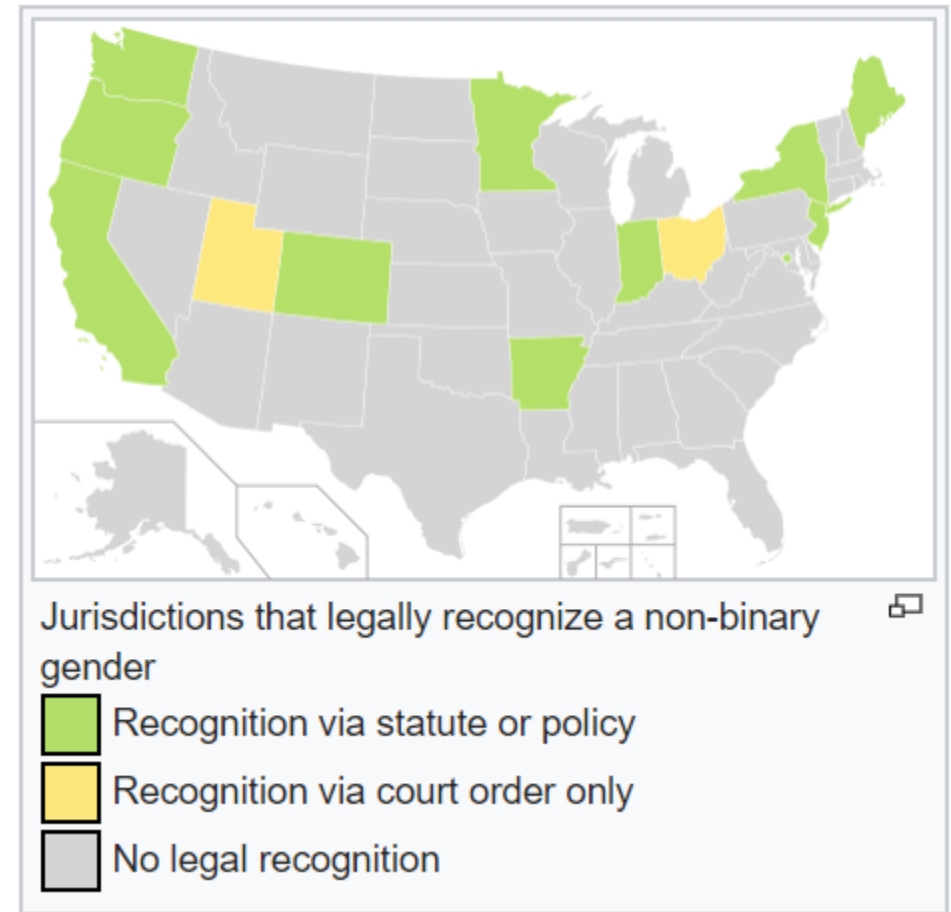
POLL #4

What term(s) below best align(s) with the following definition: An identity term used to describe a person whose biological sex and gender identity are incongruent, or "don't match."

- Transgender
- Cisgender
- Gender dysphoria
- Gender non-conforming
- Non-binary
- Two Spirit

Non-Binary is a legal Gender Identity in Many States!

- On July 1, 2017 Oregon became the first state to allow a non-binary gender option “X” on state driver’s licenses
- No doctor note is required
- Not all electronic records allow for an “X” marker in the gender ID field.



POLL #5

What term(s) below best align with the following definition: A person who is emotionally, romantically, or sexually attracted to people of the same gender.

- Bisexual
- Gay
- Heterosexual
- Two Spirit
- Pansexual
- Lesbian
- Queer

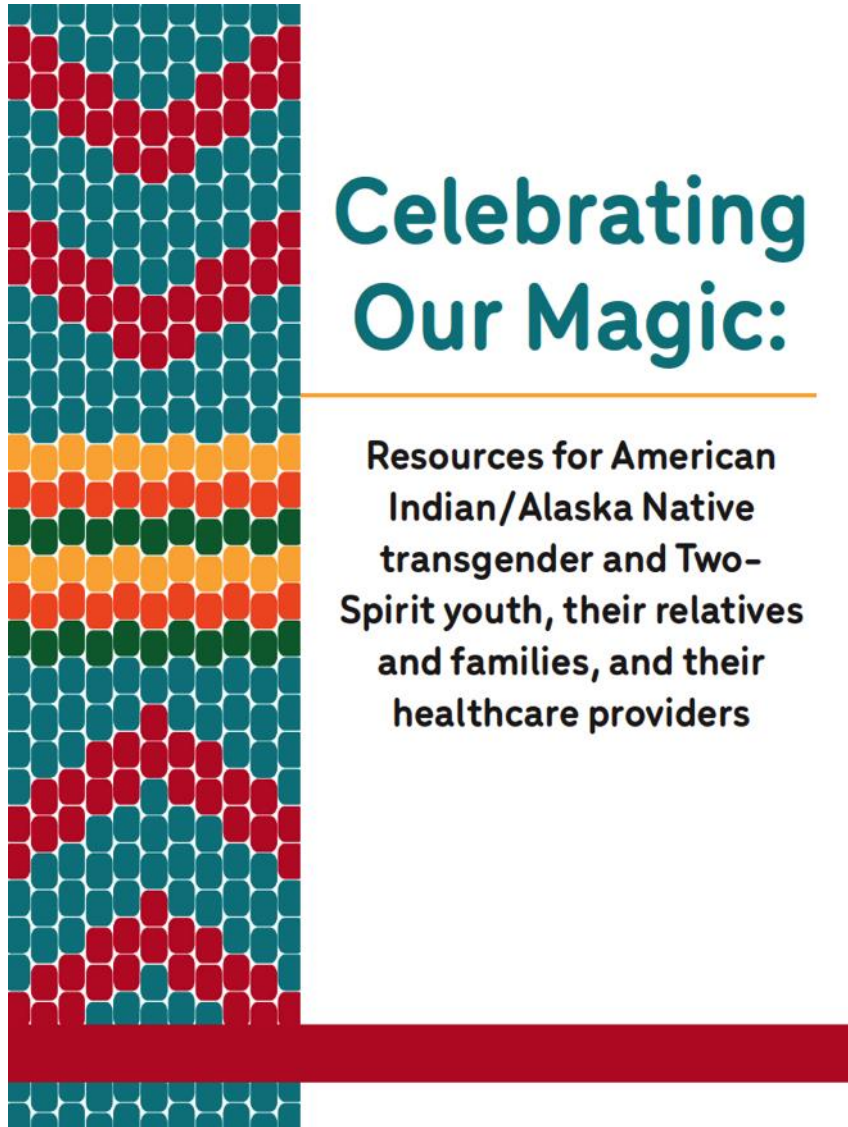
Two Spirit

- *Two Spirit is a term in the English Language that attempts to incorporate and honor the hundreds of ancient, respectful, Native Language terms that were used for thousands of years within our communities, our cultures, and our ceremonial life.*
- *Two Spirit indicates an ability to see the world from both male and female perspectives and to bridge the world of male and female.*
- *Since the time of contact with Europeans, our Two Spirit people and our societal beliefs surrounding Two Spirit roles and contributions to our communities have been marginalized and stigmatized, resulting in marginalized individuals and groups of people within our families and tribal communities.*

Robert Kentta, Siletz Tribal Member

Cultural Resources Director, and Tribal Council Member, Gitauk-uahi (Two Spirit)

Tribal Equity Toolkit: Resolutions and Codes to Support Two Spirit & LGBT Justice in Indian Country: A collaboration of the Native American Program of Legal Aid Services of Oregon, the Indigenous Ways of Knowing Program at Lewis & Clark Graduate School of Education and Counseling, the Western States Center, the Pride Foundation, and Basic Rights Oregon



<http://www.npaihb.org/2slgbtq/#print>

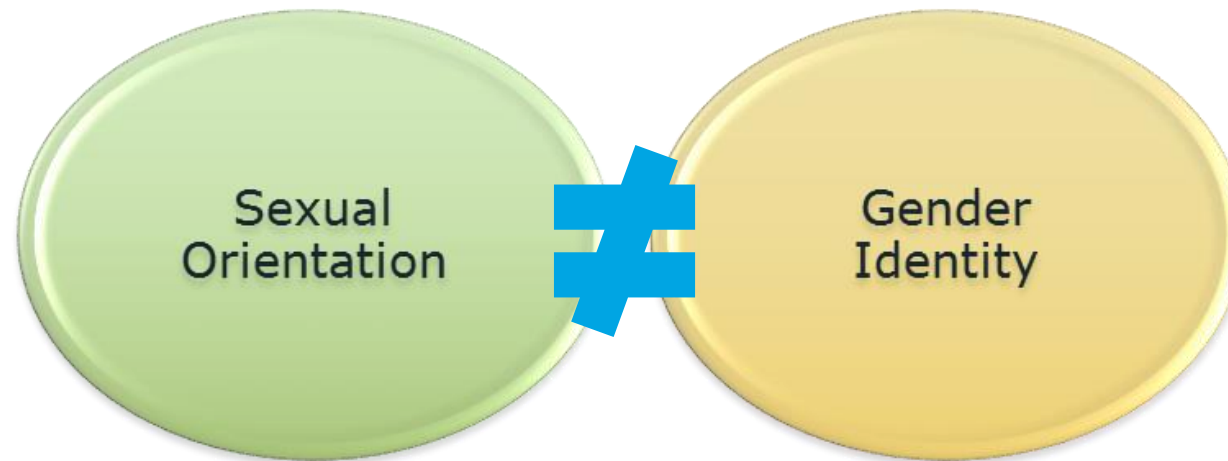
Specific aims:

- 1) Deliver culturally-grounded resources to **youth** exploring their gender identity and/or choosing to medically transition
- 2) Provide resources and support for **families**
- 3) Increase **health provider** awareness of aspects unique to AI/AN transgender and Two-Spirit youth



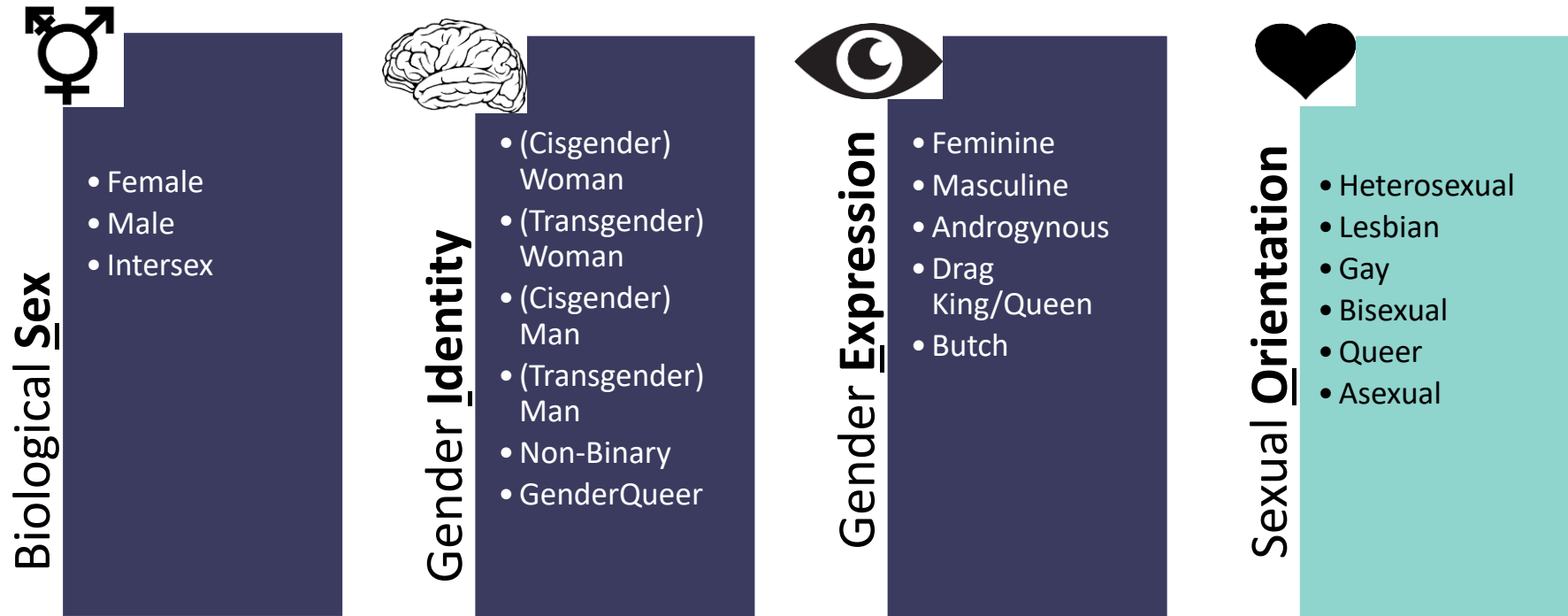
Sexual Orientation and Gender Identity

- All people have a sexual orientation and a gender identity
 - How people identify can change
 - Terminology varies
- Gender identity and sexual orientation are separate concepts



The SIEO Model

Sex, Identity, Expression, Orientation



This is not an exhaustive list, many additional identity labels exist

Green, E.R. & Maurer, L.M. (2015). The Teaching Transgender Toolkit: A Facilitator's Guide to Increasing Knowledge, Decreasing Prejudice, & Building Skills. Ithaca, NY: Planned Parenthood of the Southern Finger Lakes: Out for Health. ISBN: 978-0-9966783-0-8. www.teachingtransgender.com. Slides adapted from the PAETC: JaDawn Wright, Mazdak Mazarei

Latinx

The letter "x," instead of an "o" makes Latino, a masculine identifier, gender-neutral. It also moves beyond Latin@ - which has been used in the past to include both masculine and feminine identities – to encompass genders outside of that limiting man-women binary.

More recently Latine has been used as a gender-neutral identifier as Spanish more easily conjugates with an “e.” For example, Latines instead of Latinos for a mixed gender group of people.

National LGBT Health Education Center A Program of the Fenway Institute www.lgbthealtheducation.org

LGBT Glossary

- To download a glossary that defines other LGBT terms, click [here](http://www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary_March2016.pdf) or go to:
- http://www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary_March2016.pdf



Glossary of LGBT Terms for Health Care Teams

As a provider in a health center or other health care organization, becoming familiar with terms used by lesbian, gay, bisexual, transgender (LGBT) communities can help you provide these patients with the highest quality care. In this glossary, you will find some of the terms most relevant to the health care of LGBT people. When reading this glossary, here are a few things to keep in mind: 1) Definitions vary across communities; not all of your LGBT patients will agree with all of these definitions; 2) There are many terms not included on this list; we tried to keep the list as concise and relevant to health care providers as possible; 3) Terms and definitions change frequently; we will try to update this list to keep up with changing language. If you have a suggestion, please email us at lgbthealtheducation@fenwayhealth.org.

Agender (adj.) – Describes a person who identifies as having no gender.

Ally (noun) – A person who supports and stands up for the rights of LGBT people.

Aromantic (adj.) – An orientation that describes a person who experiences little or no romantic attraction to others and/or a lack of interest in forming romantic relationships.

Asexual (adj.) – Describes a person who experiences little or no sexual attraction to others. Asexuality is not the same as celibacy.

Assigned sex at birth (noun) – The sex (male or female) assigned to a child at birth, most often based on the child's external anatomy. Also referred to as birth sex, natal sex, biological sex, or sex.

Bigender (adj.) – Describes a person whose gender identity is a combination of two genders.

Binding (verb) – The process of tightly wrapping one's chest in order to minimize the appearance of having breasts. This is achieved through use of constrictive materials such as cloth strips, elastic or non-elastic bandages, or specially designed undergarments.

Biphobia (noun) – The fear of, discrimination against, or hatred of bisexual people or those who are perceived as such.

Bisexual (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

Bottom surgery (noun) – Colloquial way of describing gender affirming genital surgery.

Page 1 of 7

A large white circle is centered on a dark blue background. An orange dashed arc is positioned on the left side of the circle, and a solid orange circle is on the bottom right side.

Best and Promising Practices for Asking SOGI Questions

Why do you think it's important to ask patients/clients about sexual orientation/gender identity?

Please say out loud or put your thoughts in the chat

LGBT Adults in the United States

Americans' Self-Identified Sexual Orientation

Which of the following do you consider yourself to be? You can select as many as apply: Straight or heterosexual; Lesbian; Gay; Bisexual; Transgender.

	Among LGBT U.S. adults	Among all U.S. adults
	%	%
Lesbian	11.7	0.7
Gay	24.5	1.4
Bisexual	54.6	3.1
Transgender	11.3	0.6
Other (e.g., queer, same-gender-loving)	3.3	0.2

Percentages total more than 100% because respondents may choose more than one category.

GALLUP, 2020

About 6% of the U.S. adult population disclosed an identity other than Straight/Heterosexual

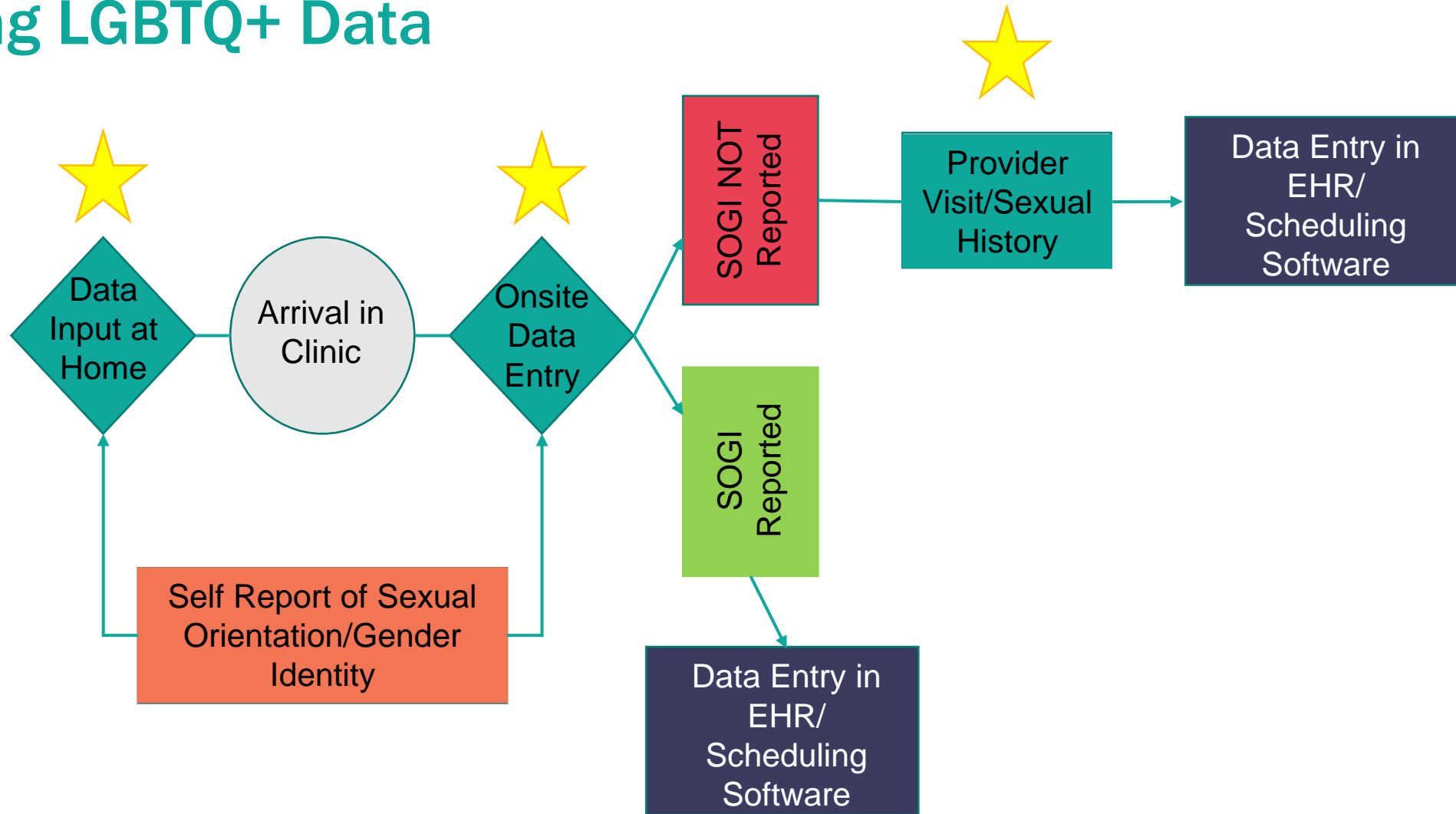
LGBT Adults in the United States

Americans' Self-Identification as LGBT, by Generation

	LGBT	Straight/Heterosexual	No opinion
	%	%	%
Generation Z (born 1997-2002)	15.9	78.9	5.2
Millennials (born 1981-1996)	9.1	82.7	8.1
Generation X (born 1965-1980)	3.8	88.6	7.6
Baby boomers (born 1946-1964)	2.0	91.1	6.9
Traditionalists (born before 1946)	1.3	89.9	8.9

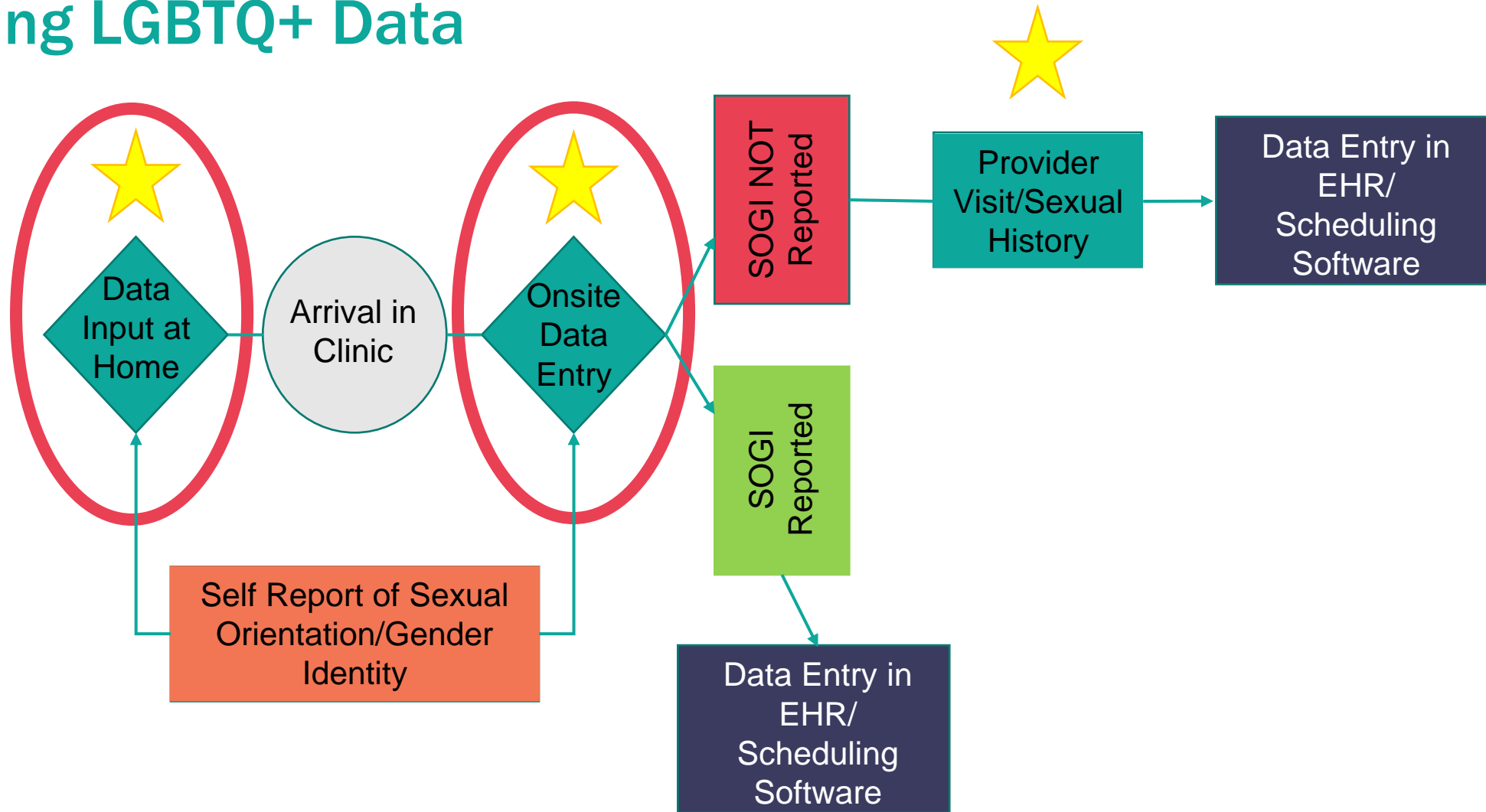
GALLUP, 2020

Gathering LGBTQ+ Data



Adapted from the National LGBT Health Education Center, a Program of the Fenway Institute www.lgbthealtheducation.org

Gathering LGBTQ+ Data



Adapted from the National LGBT Health Education Center, a Program of the Fenway Institute www.lgbthealtheducation.org

FORMS

UDS Report of Gender

- Table 3B: Demographic Characteristics
- Health centers are to report sexual orientation and gender identity information about the population served

Line	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	
14.	Straight (not lesbian or gay)	
15.	Bisexual	
16.	Something else	
17.	Don't know	
18.	Choose not to disclose	
19.	Total Patients (sum lines 13 to 18)	

Line	Patients by Gender Identity	Number (a)
20.	Male	
21.	Female	
22.	Transgender Male/ Female-to-Male	
23.	Transgender Female/ Male-to-Female	
24.	Other	
25.	Choose not to disclose	
26.	Total Patients (sum lines 20 to 25)	

Slide adapted from JaDawn Wright, Mazdak Mazarei, PAETC

Race

Language

Disability

SOGI

Sexual Orientation and Gender Identity

Note: SOGI questions are related to a Case.

What first and last name do you want to use?

What pronouns do you use? (Check all that apply)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> She/Her | <input type="checkbox"/> No pronouns, use my name |
| <input type="checkbox"/> He/Him | <input type="checkbox"/> Not listed, Please Specify |
| <input type="checkbox"/> They/Them | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Ella | <input type="checkbox"/> I don't know what this question is asking |
| <input type="checkbox"/> Él | <input type="checkbox"/> I don't want to answer |
| <input type="checkbox"/> Elles | |

How do you describe your gender? 

What is your gender? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Woman or Girl | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Man or Boy | <input type="checkbox"/> Not listed, Please Specify |
| <input type="checkbox"/> Agender or No Gender | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Feminine leaning | <input type="checkbox"/> I don't know what this question is asking |
| <input type="checkbox"/> Masculine leaning | <input type="checkbox"/> I don't want to answer |
| <input type="checkbox"/> Non-binary | |

This person has 3 cases. Be sure to scroll to the correct case.**Case 60000047**

Created 8/9/2020

Gender

Sex M

Are you transgender?

- | |
|--|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> Not listed, Please Specify |
| <input type="checkbox"/> Don't know |
| <input type="checkbox"/> I don't know what this question is asking |
| <input type="checkbox"/> I don't want to answer |

How do you describe your sexual orientation or sexual identity?

What is your sexual orientation or sexual identity? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Same-Gender Loving | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Not listed, Please Specify |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Straight | <input type="checkbox"/> I don't know what this question is asking |
| <input type="checkbox"/> Pansexual | <input type="checkbox"/> I don't want to answer |
| <input type="checkbox"/> Asexual | |

Sample Form...


Client Registration


Legal Name*	Last	First	Middle Initial	Name used:
Legal Sex (please check one)* <input type="checkbox"/> Female <input type="checkbox"/> Male <small>*While Fenway recognizes a number of genders / sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your preferred name and pronouns are different from these, please let us know.</small>				Pronouns:
Date of Birth	Month	Day	Year	Social Security # State ID # or License # (if applicable)

Your answers to the following questions will help us reach you quickly and discreetly with important information.

Home Phone () Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell Phone () Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone () Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Best number to use: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Address City State ZIP			
Email address:			
Occupation		Employer/School Name	Are you covered under school or employer's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact's Name		Phone Number	Relationship to you
Fenway Health will send certain correspondence, such as bills, to your mailing address. How would you prefer to receive other types of written correspondence? (check one) <input type="checkbox"/> Secure Email (MyFenway) <input type="checkbox"/> Letter <input type="checkbox"/> Other			

This information is for demographic purposes only and will not affect your care.

1.) What is your annual income? _____ <input type="checkbox"/> No income 1a.) How many people (including you) does your income support? _____	2.) Employment Status <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____	3.) Racial Group(s) (check all that apply) <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Native / Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	4.) Ethnicity <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina 5) Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other _____
6.) Preferred Language (choose one:) <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский Other _____	7.) Do you think of yourself as: <input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Don't know	8.) Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____ 9.) Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran	10.) Referral Source <input type="checkbox"/> Self <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Health Provider <input type="checkbox"/> Emergency Room <input type="checkbox"/> Ad/Internet/Media Outreach <input type="checkbox"/> Work or School <input type="checkbox"/> Other _____
11.) What is your gender? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer or not exclusively male or female	12.) What was your sex assigned at birth? <input type="checkbox"/> Female <input type="checkbox"/> Male	13.) Do you identify as transgender or transsexual? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Please turn over 

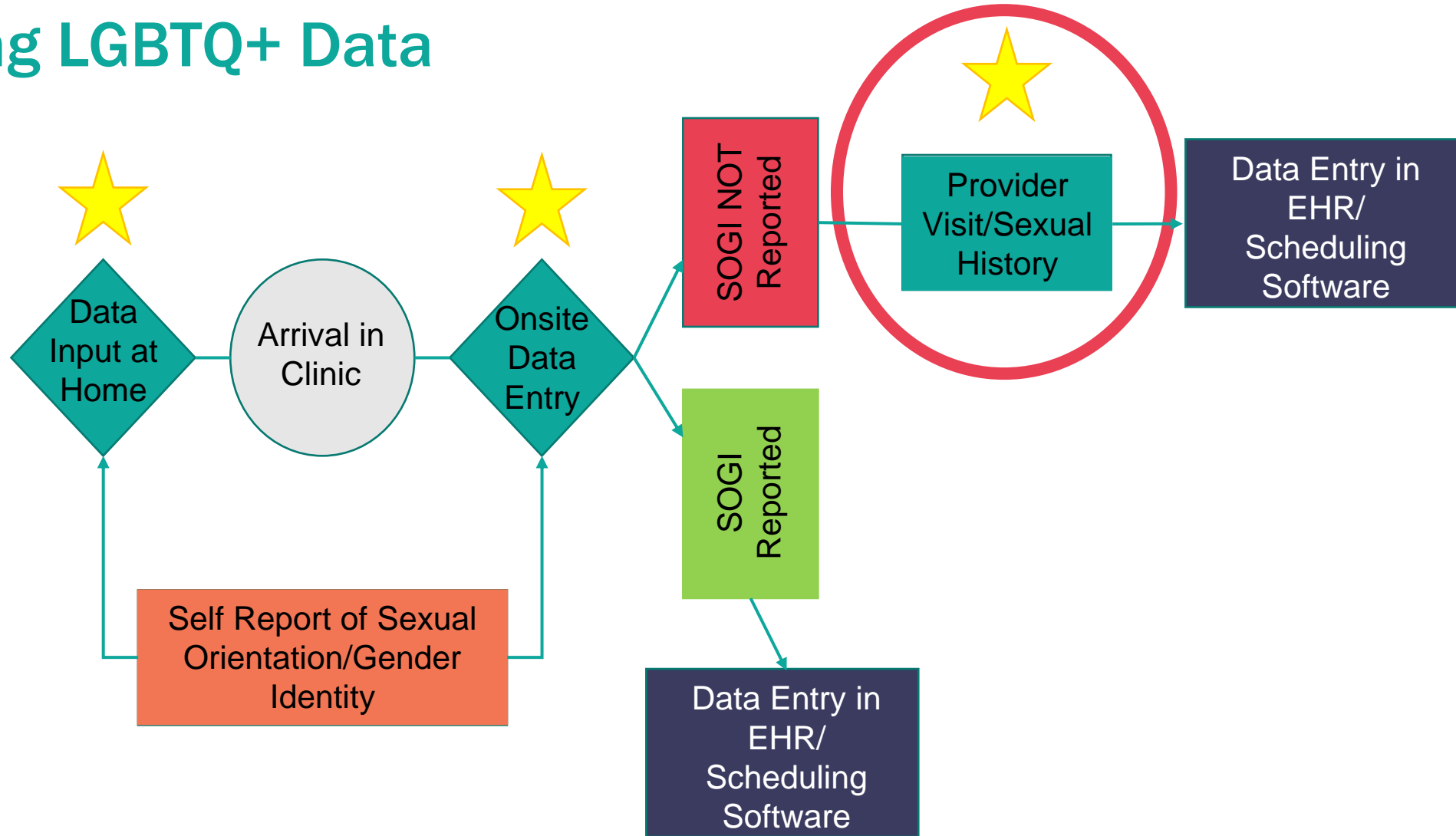
<p>6.) Preferred Language (choose one:)</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Español</p> <p><input type="checkbox"/> Français</p> <p><input type="checkbox"/> Português</p> <p><input type="checkbox"/> Русский</p> <p>Other _____</p>	<p>7.) Do you think of yourself as:</p> <p><input type="checkbox"/> Lesbian, gay, or homosexual</p> <p><input type="checkbox"/> Straight or heterosexual</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Something else</p> <p><input type="checkbox"/> Don't know</p>	<p>8.) Marital Status</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Partnered</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Other _____</p> <p>9.) Veteran Status</p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Not a Veteran</p>	<p>10.) Referral Source</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Friend or Family Member</p> <p><input type="checkbox"/> Health Provider</p> <p><input type="checkbox"/> Emergency Room</p> <p><input type="checkbox"/> Ad/Internet/Media Outreach</p> <p><input type="checkbox"/> Work or School</p> <p><input type="checkbox"/> Other _____</p>
<p>11.) What is your gender?</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Genderqueer or not exclusively male or female</p>	<p>12.) What was your sex assigned at birth?</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p>13.) Do you identify as transgender or transsexual?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	<p>Please turn over</p> 

FORMS – Things to Consider

- How you enter data should match the way you ask the questions
- Does your form collect information in a way that matches EHR reporting? If not, is there a reason why? How can this information be shared across the team?
- Does your form make anyone who does not identify as cisgender/heterosexual feel comfortable and welcome at your clinic?
- Are the questions worded in a way that address all types of sexual risk?

SEXUAL HEALTH HISTORY TAKING

Gathering LGBTQ+ Data



Adapted from the National LGBT Health Education Center, a Program of the Fenway Institute www.lgbthealtheducation.org

Sexual Health History

Gender Neutral 5 Ps

1. Partners

- "Are you currently having sex of any kind?"
- "What is the gender(s) of your partner(s)?"

2. Practices

- "To understand any risks for sexually transmitted infections (STIs), I need to ask more specific questions about the kind of sex you have had recently."
- "What kind of sexual contact do you have or have you had?"
 - "Do you have vaginal sex, meaning 'penis in vagina' sex?"
 - "Do you have anal sex, meaning 'penis in rectum/anus' sex?"
 - "Do you have oral sex, meaning 'mouth on penis/vagina'?"

3. Protection from STIs

- "Do you and your partner(s) discuss prevention of STIs and human immunodeficiency virus (HIV)?"
- "Do you and your partner(s) discuss getting tested?"
- For condoms:
 - "What protection methods do you use? In what situations do you use condoms?"

4. Past history of STIs

- "Have you ever been tested for STIs and HIV?"
- "Have you ever been diagnosed with an STI in the past?"
- "Have any of your partners had an STI?"
- **Additional questions for identifying HIV and viral hepatitis risk:**
 - "Have you or any of your partner(s) ever injected drugs?"
 - "Is there anything about your sexual health that you have questions about?"

5. Pregnancy intention

- "Do you think you would like to have (more) children in the future?"
- "How important is it to you to prevent pregnancy (until then)?"
- "Are you or your partner using contraception or practicing any form of birth control?"
- "Would you like to talk about ways to prevent pregnancy?"

Sexual Health History

Clinical Interview: The 8 “P”s

The CDC’s 5 “P”s

1. Partners
2. Practices
3. Protection for STDs
4. Past history of STDs
5. Prevention of pregnancy



The 8 “P”s

1. **Preferences**
2. Partners
3. Practices
4. Protection for STIs
5. Past history of STIs
6. Pregnancy
7. **Pleasure**
8. **Partner Violence**



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Slide courtesy: Timothy Cavanaugh, MD Co-Medical Director of the Fenway Trans Health Program Fenway Health

Defining Sex Positivity

Sex positivity is "an attitude towards human sexuality that regards all **consensual sexual activities** as fundamentally **healthy and pleasurable**, and encourages sexual pleasure and experimentation. The sex-positive movement is a social and philosophical movement that advocates these attitudes. The sex-positive movement advocates sex education and safer sex as part of its campaign.

Gabosch, Allena (2008-02-26). "A Sex Positive Renaissance". Retrieved 2014-09-12.

Slides adapted from the PAETC: JaDawn Wright, Mazdak Mazarei



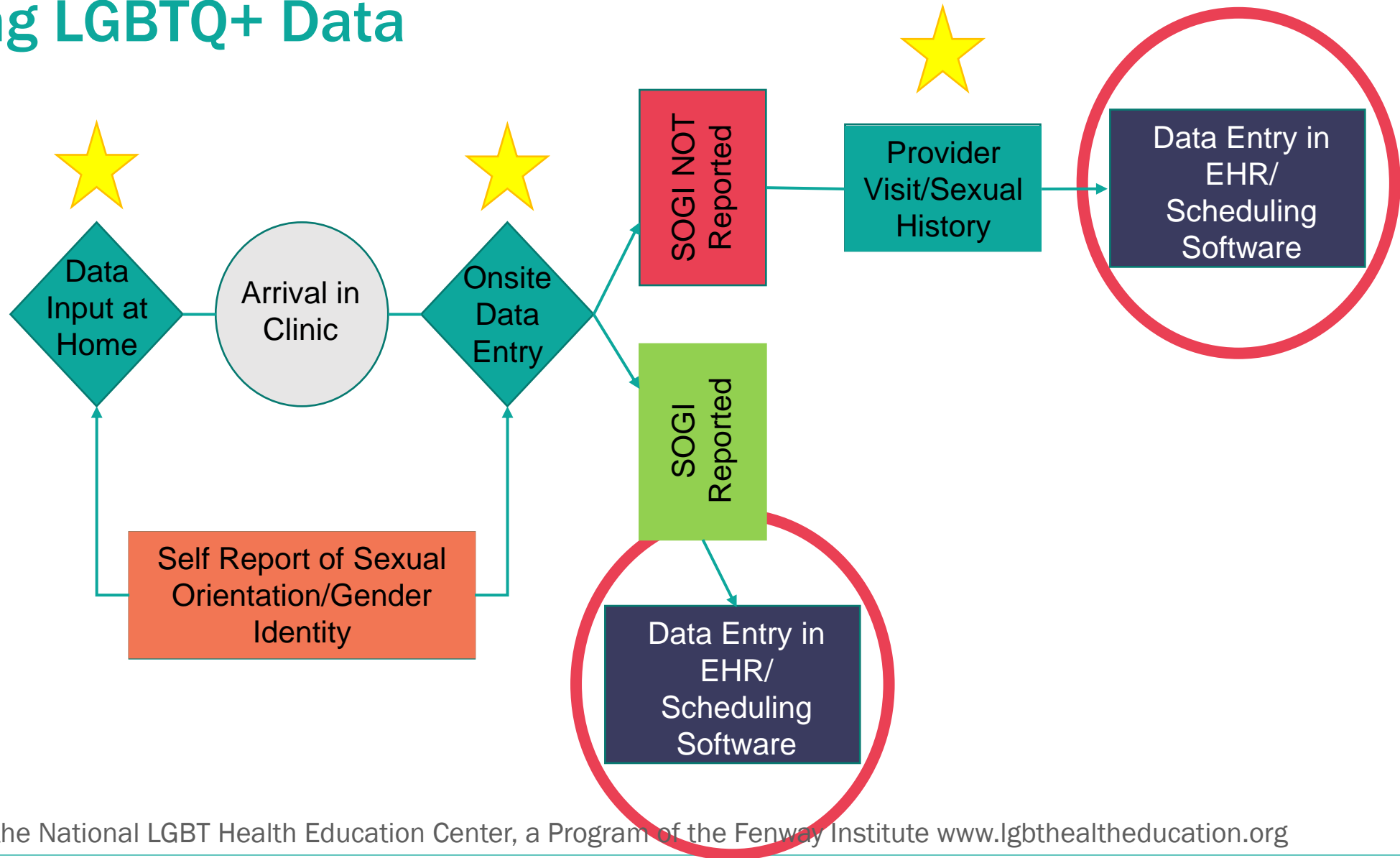
A Sex-Positive Health Professional...

- Checks their own assumptions and biases
- Embrace our clients as assets & as experts on their experience
- Centers the client's priorities in communication and decision making
- Practices self reflection, humility, & empathy
- Seeks ongoing training and development
- Responsive, relevant, respectful
- Remembers that pleasure is an important part of sexual health

Slides adapted from the PAETC: JaDawn Wright, Mazdak Mazarei

DATA ENTRY INTO THE ELECTRONIC HEALTH RECORD

Gathering LGBTQ+ Data



Adapted from the National LGBT Health Education Center, a Program of the Fenway Institute www.lgbthealtheducation.org

Data Entry Into EHR

- Who Enters these data?
- Are there multiple opportunities for data entry?
- Do you have the information you need to meet the patient needs?
- If not, how can you use the system to improve patient care?

What are other systems exploring...

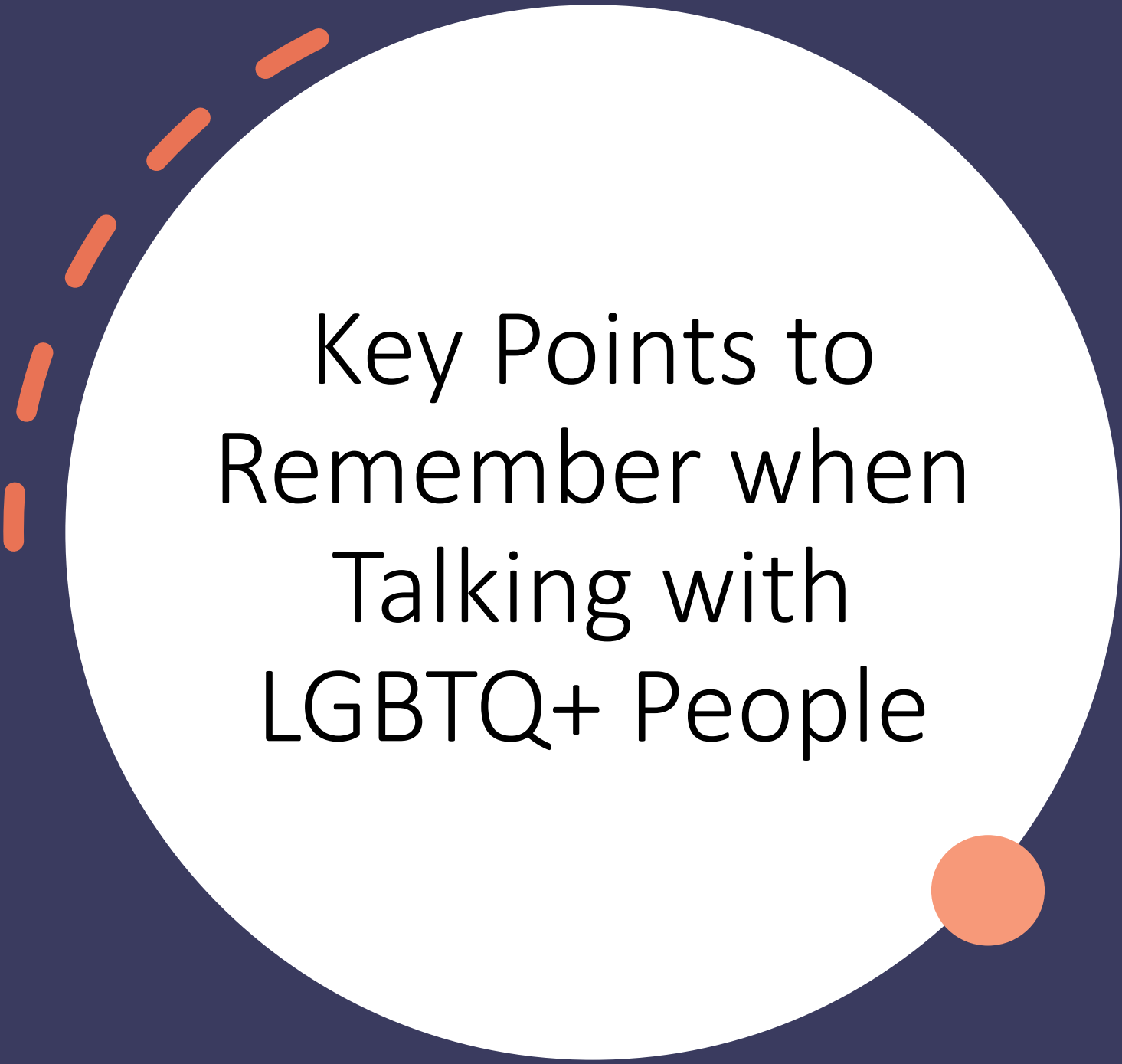
EHR improvements...

- Consider adding “Birth sex” and as a separate field “Gender ID”
- Have a process by which clinicians may update the “Gender ID” field based on answers obtained during a clinical visit/form that can be updated in real time
- Add an “Organ Inventory” to link health maintenance prompts to patient biological anatomy
- Collect additional data in a social history section independent of data reported
- Balance reporting needs with clinical utility

Interdepartmental Communication and Workflow

	Medical Department	Lab	Pharmacy	Patient Services
Medical Department	<ul style="list-style-type: none">• Add name to printed materials	<ul style="list-style-type: none">• Add name to the labels to order	<ul style="list-style-type: none">• Send name in “Note to Pharmacy” field within script• Need to add name to scrips sent to outside pharmacy	<ul style="list-style-type: none">• Increase font size of name on the patient profile• Add name on label or electronic submissions for referrals

Adapted from the National LGBT Health Education Center, a Program of the Fenway Institute www.lgbthealtheducation.org



Key Points to Remember when Talking with LGBTQ+ People

Using Names and Pronouns

- Registration forms should have a space for patients to enter their preferred name and pronouns
- This information should also be included in medical records
- A patient's pronouns and preferred name should be used consistently by all staff

Why are
pronouns
important?



<https://youtu.be/9iKHjl5xAaA>

Names and
Pronouns are NOT
a preference.

Using Names and Pronouns

Subjective	Objective	Possessive
She	Her	Hers
He	Him	His
They	Them	Theirs
Ze	Zim	Zirs
Sie/Zie	Hir	Hirs



Using Names and Pronouns

- If you are unsure about a patient's name or personal pronouns:
 - *"I would like be respectful—what name and pronouns would you like me to use?"*
- If a patient's name doesn't match insurance or medical records:
 - *"Could your chart/insurance be under a different name?"*
 - *"What is the name on your insurance?"*
- If you accidentally use the wrong term or pronoun:
 - *"I'm sorry. I didn't mean to be disrespectful."*

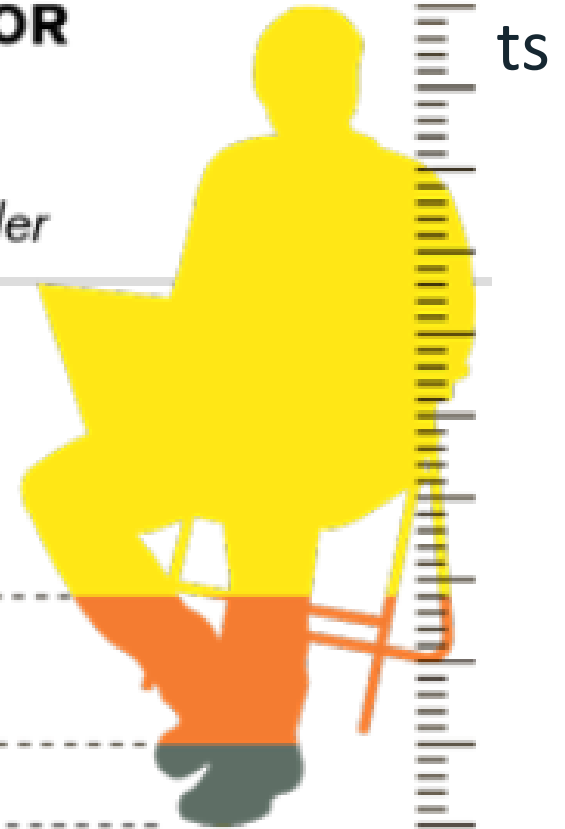


Using Identity Terms

- **COMFORT WITH DISCLOSING SEXUAL ORIENTATION AND/OR GENDER IDENTITY IN A HUMAN RESOURCES SURVEY**

If human resources sent an anonymous survey to all employees and included a question that asked about your sexual orientation or gender identity along with other demographic questions, would you feel comfortable answering honestly?

- **72% YES**
- **18% NO**
- **10% DON'T KNOW/REFUSE**



"Degrees of Equality." Human Rights Campaign Foundation, 2009. www.degreesofequality.org



Affirming Terminology

Instead of Saying This...	Say THIS:
“real” sex, “real” gender, genital sex	sex assigned at birth
A transgender	transgender person, or person who is transgender
transgenders	transgender people, or people who are transgender
sex change, The Surgery, transgendering, pre-operative, post-operative	medical transition
MTF/FTM	transgender woman, transgender man
hermaphrodite	Intersex person, or person who is intersex
sexual preference, homosexual	sexual orientation

www.teachingtransgender.com: The Teaching Transgender Toolkit

Avoiding Assumptions

- A key principle of effective communication is to avoid making assumptions:
 - Don't assume you know a person's gender identity or sexual orientation based on how they look or sound
 - Don't assume you know how a person wants to describe themselves or their partners
 - Don't assume all of your patients are heterosexual and cisgender (not transgender)

Things to remember...

- Living as one's authentic self is important to well being
- There are 3 SOGI questions: sex assigned at birth, gender, and sexual orientation
- When something is asked in a routine way, people are more likely to respond
- Don't make assumptions, always ask with respect
- Make sure questions are asked in the same way they are recorded in your database, and that you only ask what you need to know to improve patient care
- Remember that people may not want SOGI information recorded
- The goal is to respect our patients/clients and use data to improve health outcomes



Questions?

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LGBTQ+ Resources



LGBTQ Health Resources for Providers

Centers for Disease Control and Prevention: <http://www.cdc.gov/lgbthealth/>
Information for patients and providers regarding statistics and health guidelines.

Gay and Lesbian Medical Association: <http://www.glma.org/>
Professional organization for healthcare providers, hosts LGBT health conferences annually.

World Professional Association for Transgender Health: <http://www.wpath.org/>
Professional organization publishes guidelines & standards for care of transgender patients, hosts annual conferences.

Fenway Institute: <http://thefenwayinstitute.org/> & **National LGBT Health Education Center:** <http://www.lgbthealtheducation.org>
Research & training for LGBT competent care, provides training modules, downloadable printouts.

UCSF Center of Excellence for Transgender Health: <http://transhealth.ucsf.edu/>
Educational topics and guidelines for providers on affirming care for transgender patients.

LGBTQ Health Providers

Queer Healthcare Accountability Coalition (QuHAC):

<https://quhac.gaycity.org>

Local LGBTQ-friendly provider database.

GLMA Provider Directory: www.glma.org, click on “Find a Provider”
Nationwide LGBTQ-friendly provider directory.

Oregon PrEP Directory: <https://www.oraetc.org/prep-provider-list>

PrEP Locator Directory: <https://preplocator.org>
National database of US PrEP Providers.



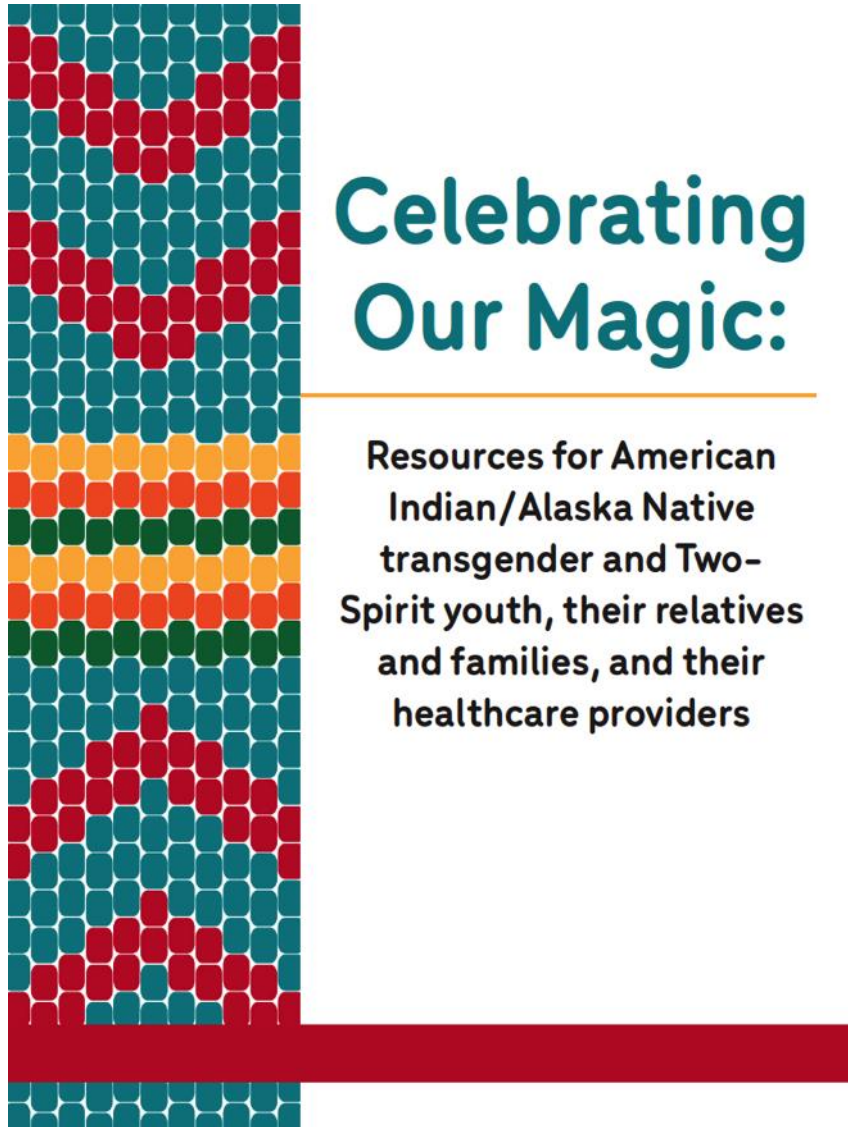
NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

 617.927.6354

 lgbthealtheducation@fenwayhealth.org

 www.lgbthealtheducation.org



<http://www.npaihb.org/2slgbtq/#print>

Specific aims:

- 1) Deliver culturally-grounded resources to **youth** exploring their gender identity and/or choosing to medically transition
- 2) Provide resources and support for **families**
- 3) Increase **health provider** awareness of aspects unique to AI/AN transgender and Two-Spirit youth



How can we access the Toolkit?



ONLINE



PRINT



LISTSERVS



SOCIAL
MEDIA

<http://www.npaihb.org/2slgbtq/#print>